



PERMISSION SLIP

The Office of Asian and Pacific Islander Affairs at the Iowa Department of Human Rights is partnering with OCA- Asian Pacific American (APA) Y- Advocate to offer a half-day program focused on the development of APA youth in our communities. The target participants are high school students. APA Y – Advocate is also known as APA Youth – Advocate.

- Students gain awareness of social justice issues
- Students will develop leadership skills
- Students will build a growing relationship with the Office of Asian and Pacific Islander Affairs at the Iowa Department of Human Rights and OCA local chapter.
- Students will have an understanding of why it's important to advocate

If your child is interested in attending this program, we ask that each student commit to attending the entire time from 9:30am – 2:30pm. We will give priority to students who will be able to commit the entire time.

Grand View University, 2811 East 14th Street
Student Center | Speed Lyceum
Des Moines, IA
SATURDAY, April 30 2016, 9:30AM – 2:30PM
Breakfast and lunch will be provided!

The signed permission slip below will be the student's ticket to enter the program. The permission slip can be scanned and emailed to Sanjita.pradhan@iowa.gov or brought on the day of the program.

APA Y-ADVOCATE PROGRAM Permission Slip

I give permission for my son/daughter, _____, to attend the APA Y-Advocate program hosted by OCA and the Iowa Department of Human Rights on April 30, 2016 at Grand View University. I understand that my child must be available the entire time from 9:30am until 2:30pm in order to be able to participate.

One of many ways to demonstrate value of the APA Y-Advocate program is through inclusion and publications of testimonials from student participants. They are published in educational and program advancement materials in order to inform the community and other interested parties about the leadership training. The materials may also be posted on the OCA website, OCA Chapter websites and social networking sites. The goal is to positively recognize participants, networking opportunities and share the APA Y-Advocate program experience.

☐ I hereby give my son/daughter consent for photographs, videotapes, audiotapes, testimonials

☐ I DO NOT give my son/daughter consent for photographs, videotapes, audiotapes, testimonials

Parent/Guardian signature _____ Phone # _____

Parent/Guardian Cell Phone # _____

Parent/Guardian Email _____